

Orthopaedic Connection

“Doc, Should I Drive?”

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Transforming patient information into patient understanding.

Last week I hope I began to open your eyes about the complicated subject Driving and Orthopaedic Surgery.

I don't think anyone has ever asked me the question “Doc, should I drive?” I am serious, the word *when* is always used in the question.

An extremely important part of the equation is how good a driver is the person asking the question. It is something I of course never know when trying to answer.

While this information about driving after Orthopaedic Surgery may not pertain to you personally, the knowledge gained can help others I hope. O.K., lets go.

The Lower Extremity

I will start at the bottom and work up this week.

Foot and Ankle Surgery

This is not my opinion, but information from actual studies of right foot and ankle surgery. All patients were immobilized in some type of post op shoe, boot or cast. At two weeks after surgery or significant injury to the foot and ankle only 7 of 28 patients passed the test. At six weeks all patients passed the driving assessment. Answer: Six weeks if you want to be safe.

Lower Extremity Fractures

Above the ankle to and including the hip. Obviously it is a very large area with lots of different injury patterns, surgeries and weight bearing status, etc.

Total breaking time is the issue here. Again, findings are from actual studies not opinion.

What is termed “Brake travel time” returned to normal between 12 to 18 weeks. You may not agree, but these are facts.

Total Knee Replacement

Again a large variety of sizes, ages, driving abilities preoperatively etc. There are however general guidelines following right total knee replacement.

Braking response times from accelerator to the brake pedal do not recover until 6 to 8 weeks for most patients. Some patients require even a few more weeks to be safe at braking.

Total Hip Replacement

A study has shown that 81% of right total hip replacement patients can safely drive at 6 – 8 weeks after a total hip replacement.

And most patients improve their ability to drive, because of less hip pain and greater mobility of the hip than preoperatively.

Legal Concern

The National Highway Traffic Safety Administration recommends not driving with any splint or immobilization device.

Regarding time to resume driving the guidelines may be of some help to know what is average. I can offer some recommendations, but it is up to the patient and family to ultimately decide when to safely drive after Orthopaedic Surgery.

Office Website and Gratiot County Herald Archive

What if there was a whole world of musculoskeletal information at one place? There is!

www.orthopodsurgeon.com opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous GCH articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush